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| Substitute for Form<br>PTO-1390      U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE  |  | ATTORNEY'S DOCKET NUMBER<br>032326-301                              |
| <b>TRANSMITTAL LETTER TO THE UNITED STATES<br/>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br/>CONCERNING A FILING UNDER 35 U.S.C. 371</b>   |  | U.S. APPLICATION NO. (if known, see 37 CFR 1.5)<br><b>10/534873</b> |
| INTERNATIONAL APPLICATION NO.<br>PCT/FR2003/050119  | INTERNATIONAL FILING DATE<br>13 November 2003 (13.11.2003) | PRIORITY DATE CLAIMED<br>15 November 2002 (15.11.2002)              |
| TITLE OF INVENTION<br><b>INTEGER DIVISION METHOD AGAINST COVERT CHANNEL ATTACKS</b>   |  |   |
| APPLICANT(S) FOR DO/EO/US<br>JOYE, Marc; and VILLEGAS, Karine   |  |   |
| <p>Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:</p> <ol style="list-style-type: none"> <li>1. <input checked="" type="checkbox"/> This is a <b>FIRST</b> submission to items concerning a filing under 35 U.S.C. 371.</li> <li>2. <input type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a filing under 35 U.S.C. 371.</li> <li>3. <input type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (22) indicated below.</li> <li>4. <input type="checkbox"/> The US has been elected by the expiration of 19 months from the priority date (Article 31).</li> <li>5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2)) <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau).</li> <li>b. <input checked="" type="checkbox"/> has been communicated by the International Bureau.</li> <li>c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).</li> </ul> </li> <li>6. <input checked="" type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371(c)(2)) <ul style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> is attached hereto.</li> <li>b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4).</li> </ul> </li> <li>7. <input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3)) <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau).</li> <li>b. <input type="checkbox"/> have been communicated by the International Bureau.</li> <li>c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired.</li> <li>d. <input checked="" type="checkbox"/> have not been made and will not be made.</li> </ul> </li> <li>8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).</li> <li>9. <input type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).</li> <li>10. <input type="checkbox"/> An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).</li> </ol> |  |   |
| <p><b>Items 11 to 21 below concern document(s) or information included:</b></p> <ol style="list-style-type: none"> <li>11. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98.</li> <li>12. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.</li> <li>13. <input checked="" type="checkbox"/> A <b>FIRST</b> preliminary amendment.</li> <li>14. <input type="checkbox"/> A <b>SECOND</b> or <b>SUBSEQUENT</b> preliminary amendment.</li> <li>15. <input type="checkbox"/> A substitute specification.</li> <li>16. <input type="checkbox"/> A change of power of attorney and/or address letter.</li> <li>17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 C.F.R. 1.821 - 1.825.</li> <li>18. <input type="checkbox"/> A second copy of the published international application under 35 U.S.C. 154(d)(4).</li> <li>19. <input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).</li> <li>20. <input checked="" type="checkbox"/> Other items or information: <u>General Authorization for Petitions for Extensions of Time and Payment of Fees; Application Data Sheet; and PCT/ISR/210</u></li> </ol>   |  |   |

|  |                               |   |           |   |         |  |  |              |    |       |   |                  |         |                    |   |       |   |                   |         |   |  |                   |  |  |  |                 |  |                                  |  |  |  |            |  |                                  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |           |  |  |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                |  |  |  |  |  |           |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
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| U.S. APPLICATION NO. (If known, see 37 CFR 1.5)  | INTERNATIONAL APPLICATION NO. | ATTORNEY'S DOCKET NUMBER                |           |   |         |  |  |              |    |       |   |                  |         |                    |   |       |   |                   |         |   |  |                   |  |  |  |                 |  |                                  |  |  |  |            |  |                                  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |           |  |  |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                |  |  |  |  |  |           |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| <b>10/534873</b> CT/FR2003/050119  |                               | 032326-301                              |           |   |         |  |  |              |    |       |   |                  |         |                    |   |       |   |                   |         |   |  |                   |  |  |  |                 |  |                                  |  |  |  |            |  |                                  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |           |  |  |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                |  |  |  |  |  |           |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| <p>21. <input checked="" type="checkbox"/> Applicant(s) requests that the published application include the following assignment information: <u>GEMPLUS, Gemenos, France</u></p> <hr/> <hr/> <hr/> <hr/> <hr/>  |                               | <b>CALCULATIONS PTO USE ONLY</b>        |           |   |         |  |  |              |    |       |   |                  |         |                    |   |       |   |                   |         |   |  |                   |  |  |  |                 |  |                                  |  |  |  |            |  |                                  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |           |  |  |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                |  |  |  |  |  |           |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| <p>22. <input checked="" type="checkbox"/> The following fees are submitted:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 75%;">Basic Filing Fee (1631)</td> <td style="width: 25%; text-align: right;">\$ 300.00</td> </tr> <tr> <td colspan="2">Surcharge of <b>\$130.00 (1617)</b> for furnishing the oath or declaration later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(e)).</td> </tr> <tr> <td colspan="2" style="text-align: center;">CLAIMS      NUMBER FILED      NUMBER EXTRA      RATE      \$</td> </tr> <tr> <td>Total Claims</td> <td>13</td> <td>-20 =</td> <td>0</td> <td>× \$50.00 (1615)</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>Independent Claims</td> <td>1</td> <td>- 3 =</td> <td>0</td> <td>× \$200.00 (1614)</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td colspan="2">MULTIPLE DEPENDENT CLAIM(S) (if applicable)</td> <td colspan="4" style="text-align: center;">+ \$360.00 (1616)</td> </tr> <tr> <td colspan="2">Examination Fee</td> <td colspan="4" style="text-align: center;">+ \$200.00 (1633)      \$ 200.00</td> </tr> <tr> <td colspan="2">Search Fee</td> <td colspan="4" style="text-align: center;">+ \$400.00 (1642)      \$ 400.00</td> </tr> <tr> <td colspan="2">App. Size Fee (add \$250.00 for each add'l 50 sheets exceeding 100 sheets)</td> <td colspan="4"></td> </tr> <tr> <td colspan="2"></td> <td colspan="4" style="text-align: center;">TOTAL OF ABOVE CALCULATIONS = \$ 900.00</td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.         </td> <td colspan="4" style="text-align: center;">+ \$ 0.00</td> </tr> <tr> <td colspan="2"></td> <td colspan="4" style="text-align: center;">SUBTOTAL = \$ 900.00</td> </tr> <tr> <td colspan="2">Processing fee of <b>\$130.00 (1618)</b> for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(f)).</td> <td colspan="4" style="text-align: center;">\$ 0.00</td> </tr> <tr> <td colspan="2"></td> <td colspan="4" style="text-align: center;">TOTAL NATIONAL FEE = \$ 900.00</td> </tr> <tr> <td colspan="2">Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). <b>\$40.00 (8021)</b> per property +</td> <td colspan="4" style="text-align: center;">\$ 900.00</td> </tr> <tr> <td colspan="2"></td> <td colspan="4" style="text-align: center;">TOTAL FEES ENCLOSED =</td> </tr> <tr> <td colspan="2"></td> <td colspan="4" style="text-align: center;">Amount to be refunded : charged :</td> </tr> <tr> <td colspan="2"> <p>a. <input type="checkbox"/> A check in the amount of _____ to cover the above fees is enclosed.</p> <p>b. <input type="checkbox"/> Please charge my Deposit Account No. <u>02-4800</u> in the amount of _____ to cover the above fees. A duplicate copy of this sheet is enclosed.</p> <p>c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>02-4800</u>. A duplicate copy of this sheet is enclosed.</p> <p>d. <input checked="" type="checkbox"/> Charge <u>\$ 900.00</u> to credit card. Form PTO-2038 is attached.</p> </td> <td colspan="4"></td> </tr> <tr> <td colspan="6"> <p><b>NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.</b></p> </td> </tr> <tr> <td colspan="6"> <p>SEND ALL CORRESPONDENCE TO:</p> <p><b>Burns, Doane, Swecker &amp; Mathis, L.L.P.</b><br/>         P.O. Box 1404<br/>         Alexandria, Virginia 22313-1404<br/>         (703) 836-6620</p> </td> </tr> <tr> <td colspan="6" style="text-align: right;"> <br/>         SIGNATURE<br/> <hr/>         James A. LaBarre<br/>         NAME       </td> </tr> <tr> <td colspan="6" style="text-align: right;">         28,632      May 12, 2005<br/>         REGISTRATION NO.      DATE       </td> </tr> </table> |                               | Basic Filing Fee (1631)                 | \$ 300.00 | Surcharge of <b>\$130.00 (1617)</b> for furnishing the oath or declaration later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(e)). |         | CLAIMS      NUMBER FILED      NUMBER EXTRA      RATE      \$ |  | Total Claims | 13 | -20 = | 0 | × \$50.00 (1615) | \$ 0.00 | Independent Claims | 1 | - 3 = | 0 | × \$200.00 (1614) | \$ 0.00 | MULTIPLE DEPENDENT CLAIM(S) (if applicable) |  | + \$360.00 (1616) |  |  |  | Examination Fee |  | + \$200.00 (1633)      \$ 200.00 |  |  |  | Search Fee |  | + \$400.00 (1642)      \$ 400.00 |  |  |  | App. Size Fee (add \$250.00 for each add'l 50 sheets exceeding 100 sheets) |  |  |  |  |  |  |  | TOTAL OF ABOVE CALCULATIONS = \$ 900.00 |  |  |  | <input type="checkbox"/> Applicant claims small entity status. 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LaBarre<br>NAME |  |  |  |  |  | 28,632      May 12, 2005<br>REGISTRATION NO.      DATE |  |  |  |  |  |
| Basic Filing Fee (1631)  | \$ 300.00                     |   |           |   |         |  |  |              |    |       |   |                  |         |                    |   |       |   |                   |         |   |  |                   |  |  |  |                 |  |                                  |  |  |  |            |  |                                  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |           |  |  |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                |  |  |  |  |  |           |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| Surcharge of <b>\$130.00 (1617)</b> for furnishing the oath or declaration later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(e)).  |                               |   |           |   |         |  |  |              |    |       |   |                  |         |                    |   |       |   |                   |         |   |  |                   |  |  |  |                 |  |                                  |  |  |  |            |  |                                  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |           |  |  |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                |  |  |  |  |  |           |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| CLAIMS      NUMBER FILED      NUMBER EXTRA      RATE      \$   |                               |   |           |   |         |  |  |              |    |       |   |                  |         |                    |   |       |   |                   |         |   |  |                   |  |  |  |                 |  |                                  |  |  |  |            |  |                                  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |           |  |  |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                |  |  |  |  |  |           |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| Total Claims   | 13                            | -20 =                                   | 0         | × \$50.00 (1615)  | \$ 0.00 |  |  |              |    |       |   |                  |         |                    |   |       |   |                   |         |   |  |                   |  |  |  |                 |  |                                  |  |  |  |            |  |                                  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |           |  |  |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                |  |  |  |  |  |           |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| Independent Claims   | 1                             | - 3 =                                   | 0         | × \$200.00 (1614)   | \$ 0.00 |  |  |              |    |       |   |                  |         |                    |   |       |   |                   |         |   |  |                   |  |  |  |                 |  |                                  |  |  |  |            |  |                                  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |           |  |  |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                |  |  |  |  |  |           |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| MULTIPLE DEPENDENT CLAIM(S) (if applicable)  |                               | + \$360.00 (1616)                       |           |   |         |  |  |              |    |       |   |                  |         |                    |   |       |   |                   |         |   |  |                   |  |  |  |                 |  |                                  |  |  |  |            |  |                                  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |           |  |  |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                |  |  |  |  |  |           |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| Examination Fee  |                               | + \$200.00 (1633)      \$ 200.00        |           |   |         |  |  |              |    |       |   |                  |         |                    |   |       |   |                   |         |   |  |                   |  |  |  |                 |  |                                  |  |  |  |            |  |                                  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |           |  |  |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                |  |  |  |  |  |           |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| Search Fee   |                               | + \$400.00 (1642)      \$ 400.00        |           |   |         |  |  |              |    |       |   |                  |         |                    |   |       |   |                   |         |   |  |                   |  |  |  |                 |  |                                  |  |  |  |            |  |                                  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |           |  |  |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                |  |  |  |  |  |           |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| App. Size Fee (add \$250.00 for each add'l 50 sheets exceeding 100 sheets)   |                               |   |           |   |         |  |  |              |    |       |   |                  |         |                    |   |       |   |                   |         |   |  |                   |  |  |  |                 |  |                                  |  |  |  |            |  |                                  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |           |  |  |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                |  |  |  |  |  |           |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
|  |                               | TOTAL OF ABOVE CALCULATIONS = \$ 900.00 |           |   |         |  |  |              |    |       |   |                  |         |                    |   |       |   |                   |         |   |  |                   |  |  |  |                 |  |                                  |  |  |  |            |  |                                  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |           |  |  |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                |  |  |  |  |  |           |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.   |                               | + \$ 0.00                               |           |   |         |  |  |              |    |       |   |                  |         |                    |   |       |   |                   |         |   |  |                   |  |  |  |                 |  |                                  |  |  |  |            |  |                                  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |           |  |  |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                |  |  |  |  |  |           |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
|  |                               | SUBTOTAL = \$ 900.00                    |           |   |         |  |  |              |    |       |   |                  |         |                    |   |       |   |                   |         |   |  |                   |  |  |  |                 |  |                                  |  |  |  |            |  |                                  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |           |  |  |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                |  |  |  |  |  |           |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| Processing fee of <b>\$130.00 (1618)</b> for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(f)).   |                               | \$ 0.00                                 |           |   |         |  |  |              |    |       |   |                  |         |                    |   |       |   |                   |         |   |  |                   |  |  |  |                 |  |                                  |  |  |  |            |  |                                  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |           |  |  |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                |  |  |  |  |  |           |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
|  |                               | TOTAL NATIONAL FEE = \$ 900.00          |           |   |         |  |  |              |    |       |   |                  |         |                    |   |       |   |                   |         |   |  |                   |  |  |  |                 |  |                                  |  |  |  |            |  |                                  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |           |  |  |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                |  |  |  |  |  |           |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). <b>\$40.00 (8021)</b> per property +   |                               | \$ 900.00                               |           |   |         |  |  |              |    |       |   |                  |         |                    |   |       |   |                   |         |   |  |                   |  |  |  |                 |  |                                  |  |  |  |            |  |                                  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |           |  |  |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                |  |  |  |  |  |           |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
|  |                               | TOTAL FEES ENCLOSED =                   |           |   |         |  |  |              |    |       |   |                  |         |                    |   |       |   |                   |         |   |  |                   |  |  |  |                 |  |                                  |  |  |  |            |  |                                  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |           |  |  |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                |  |  |  |  |  |           |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
|  |                               | Amount to be refunded : charged :       |           |   |         |  |  |              |    |       |   |                  |         |                    |   |       |   |                   |         |   |  |                   |  |  |  |                 |  |                                  |  |  |  |            |  |                                  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |           |  |  |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                |  |  |  |  |  |           |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| <p>a. <input type="checkbox"/> A check in the amount of _____ to cover the above fees is enclosed.</p> <p>b. <input type="checkbox"/> Please charge my Deposit Account No. <u>02-4800</u> in the amount of _____ to cover the above fees. A duplicate copy of this sheet is enclosed.</p> <p>c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>02-4800</u>. A duplicate copy of this sheet is enclosed.</p> <p>d. <input checked="" type="checkbox"/> Charge <u>\$ 900.00</u> to credit card. Form PTO-2038 is attached.</p>   |                               |   |           |   |         |  |  |              |    |       |   |                  |         |                    |   |       |   |                   |         |   |  |                   |  |  |  |                 |  |                                  |  |  |  |            |  |                                  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |           |  |  |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                |  |  |  |  |  |           |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| <p><b>NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.</b></p>  |                               |   |           |   |         |  |  |              |    |       |   |                  |         |                    |   |       |   |                   |         |   |  |                   |  |  |  |                 |  |                                  |  |  |  |            |  |                                  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |           |  |  |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                |  |  |  |  |  |           |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| <p>SEND ALL CORRESPONDENCE TO:</p> <p><b>Burns, Doane, Swecker &amp; Mathis, L.L.P.</b><br/>         P.O. Box 1404<br/>         Alexandria, Virginia 22313-1404<br/>         (703) 836-6620</p>  |                               |   |           |   |         |  |  |              |    |       |   |                  |         |                    |   |       |   |                   |         |   |  |                   |  |  |  |                 |  |                                  |  |  |  |            |  |                                  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |           |  |  |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                |  |  |  |  |  |           |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| <br>SIGNATURE<br><hr/> James A. LaBarre<br>NAME  |                               |   |           |   |         |  |  |              |    |       |   |                  |         |                    |   |       |   |                   |         |   |  |                   |  |  |  |                 |  |                                  |  |  |  |            |  |                                  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |           |  |  |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                |  |  |  |  |  |           |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| 28,632      May 12, 2005<br>REGISTRATION NO.      DATE   |                               |   |           |   |         |  |  |              |    |       |   |                  |         |                    |   |       |   |                   |         |   |  |                   |  |  |  |                 |  |                                  |  |  |  |            |  |                                  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |           |  |  |  |  |  |                      |  |  |  |  |  |         |  |  |  |  |  |                                |  |  |  |  |  |           |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of )  
Marc JOYE et AL. ) Group Art Unit:  
Application No.: ) Examiner:  
Filed: May 12, 2005 ) Confirmation No.:  
For: INTEGER DIVISION METHOD )  
SECURE AGAINST COVERT )  
CHANNEL ATTACKS )

**GENERAL AUTHORIZATION FOR PETITIONS  
FOR EXTENSIONS OF TIME AND PAYMENT OF FEES**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In accordance with 37 C.F.R. § 1.136(a)(3), the U.S. Patent and Trademark Office is hereby provided with a general authorization to treat any concurrent or future reply requiring a petition for an extension of time for its timely submission as containing a request therefor for the appropriate length of time.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. § 1.17 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Date: May 12, 2005

By:   
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